P09000072871

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL :
(Bus	siness Entity Nar	me) :
(23)		· · · · · · · · · · · · · · · · · · ·
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
•		

Office Use Only



300159328633

08/28/09--01013--001 **70.00

SECRETARY OF STATE ALLAHASSEE. FLORIDA

AUG 31 2009 D. A. WHITE

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	WIMU, INC			
	(PROPOSED CORPORA)	ΓΕ NAME – <u>MUST INCLU</u>	J <u>DE SUFFIX</u>)	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
₩\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: Melissa and Date Scherzer Name (Printed or typed)				
1883 Commudore Point Drive				
Fleming Island, Fl 32003 City, State & Zip				
904-710 -6510 Daytime Telephone number				
Scherzem a beusouth. net we E-mail address: (to be used for future annual report notification)				
		·		

NOTE: Please provide the original and one copy of the articles.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
	FILED
ARTICLE I NAME The name of the corporation shall be:	
WIMU, Inc.	2009 AUG 28 P 3 44
ARTICLE II PRINCIPAL OFFICE	SECRETARY OF STATE TALLAHASSEE. FLORIDA
The principal <u>street</u> address and mailing address, if different is:	
1883 Commodore Point Drive Fleming Island, Fl 32003	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: Resale of Health + Wellness Prod	ucts
ARTICLE IV SHARES	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	both
List name(s), address(es) and specific title(s):	sident) 1883 1 pmm duce
Melissa M. Scherzer, 118	Silveri & 1885 Composition
Dale R Scherzer, Vice-Pr	esident /
Melissa M. Scherzer, Pres Daic R. Scherzer, Vice-Pr ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the	registered agent is: 12003
Melissa M. Scherzer	
1883 Commodure Hourt Drive	
Fleming Island Fl 32003 ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Melissa M Scherzer 1883 Commodore Point Drive Fleming Island F1 32003	
Fleming Island Fl 32003	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	*******
Having been named as registered agent to accept service of process for place designated in this certificate, I am familiar with and accept the	· · · · · · · · · · · · · · · · · · ·
agree to act in this capacity	
<u>Usy</u>	<u>8-27-09</u>
Signature/Registered Agent	
My De	8-27-09
O Signature/Incorporator	Date